



**CITY OF DULUTH
CITY CLERK'S OFFICE**

330 City Hall • 411 West First Street
Duluth, Minnesota 55802-1189
Phone (218) 730-5500
Fax (218) 730-5923

FOR OFFICE USE ONLY

Date Paid: _____
License # _____
Date Appl sent to DPD Traffic: _____
Did check include DPD fees? Yes___No___

LICENSE APPLICATION

Type in your information by tabbing through the boxes below. Print, sign and submit all pages to the address above.

GOVERNMENT DATA PRACTICES ACT - CLASSIFICATION WARNING: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public data if and when the license is granted. Private financial information including a tax identification number and social security number are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

LICENSE	FEE
SPECIAL EVENT =	\$107.00

PARADE

**COMMUNITY EVENT
(CHECK ONE)**

RACE

LICENSEE NAME & BUSINESS ADDRESS

PERSON(S) IN CHARGE OF EVENT:
(If other than contact person day of the event)

PHONE: _____

NAME OF EVENT:

DATE OF EVENT: _____

CONTACT PERSON(S) DAY OF EVENT:

PHONE: _____

Miscellaneous Information:

Application to be submitted **at least** 30 days prior to event.

Call Police Traffic 730-5678 or 730-5644.

General Liability Insurance certificate required before license can be issued. City of Duluth named as additional insured. Day(s) of event to be listed on certificate. (Section 45-50, City Code)

I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISION OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

Signature Applicant

MAILING ADDRESS:

FOR OFFICE USE ONLY:
Date of Application: _____
License Number: _____

CITY OF DULUTH
SPECIAL EVENT PERMIT REQUEST

PLEASE PRINT (Black Ink) OR TYPE

PARADE

COMMUNITY EVENT

RACE

Name of Event: _____ Date of Event: _____

Starting Time: _____ Approximate Finish Time: _____

Starting Location: _____

Finish Location: _____

ROUTE: Use of Sidewalk Street or Both (Provide a Separate map if needed:)

Sound amplification: ? Yes No Location: _____

Alcohol Expansion applied for: Yes No

Approximate. no. of participants: _____ Approximate no of spectators: _____

Event Director Signature: _____ Phone: _____

Person(s) who can be contacted regarding event details if other than event director:

_____ # _____

*******TO BE FILLED OUT BY THE POLICE DEPARTMENT*******

Police manpower cost (to be determined by Police Dept.): _____

Total fee as set by this regulation: \$ _____ Date Paid _____

Chief of Police approval: _____ Date _____

Administrative Assistant approval: _____ Date _____

Request Denied (See attached): _____

Special requirements (cones, fence, cleanup, etc.): _____

(For Office Use) (Note: Copies to be sent to the following by FAX or interoffice mail, from the Clerk's office.)

Chief Administrative Officer
Chief of Police
Police Traffic

Public Works
Engineering
Gold Cross Ambulance

Fire Dept.
Parks & Recreation
DTA